Approved for use through 1/21/2008, OMB 0651-0037 U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays existed CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docker Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1). (Column 2). SMALL ENTITY ÓΑ SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (1) BASICFEE RATE (\$) FEE (1) N/A N/A \$7 CFR 1 18(4) 101 0 (C) NA 150.00 300.00 N/A SEARCH FEE NA NIA (37 CFR 1 16(N). 14. or (m)) NA \$250 \$600 NIA **EXAMINATION** FEE NA N/A (A) CFR 1 16(0). (1). OF (0) NVA \$100 NA \$200 TOTAL CLAHAS . X\$ 25 07.CFR (46(1) minus 20 = X\$50 OR NOEPENDENT CLAIMS X100 **P7 CFR 1 16(h)**] = t summ X200 If the specification and drawings exceed 100 **APPLICATION SIZE** sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each 137 CFR ( 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (DT OFR 1 16(1) +180= 4360× • If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3): OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (S) AFTER ADD. PREVIOUSLY **EXTRA** TRONAL AMENDMENT PAID FOR TIONAL FEE (1) TOLS! FEE (1) Minus X\$ 25 X\$50 OR Andependent Minus X100 X200 OR Application Size Fee (37 CFR 1.16(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) **4180**= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER ᅇ RATE (1) ADDI-RATE (\$) ADOI: AFTER. PREVIOUSLY EXTRA TIONAL FEE (\$) TIONAL AMENDMENT PAID FOR FEE (\$) Total Mirus . X\$ 25 X\$50 OR Independent OFF LIGHT Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) +180= +360= OR TOTAL' TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the Trighest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. section of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

sting pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the smouth of thrid you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chilef Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.